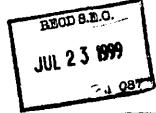
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	TOVAL
OMB Number:	3235-0078
Expires: Aug	just 31, 1998
Estimated average	g e burden
hours per respon	se 16.00

11 /15

SEC USE ONLY							
Prefix	Serial						
DATE RE	CEIVED						

Convertible Note Due July	is is an amendment and name has changed, and in	10/4/53
Filing Under (Check box(es) that a		□ Section 4(6) □ ULOE
Type of Filing: A New Filing	☐ Amendment	
	A. BASIC IDENTIFICATION DATA	1815 BLICATOR, SERVING ANCARD A SERVING
I. Enter the information requested	about the issuer	
Name of Issuer (check if this	is an amendment and name has changed, and indic	are craver) inductable in
FastShip Inc.	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Address of Executive Offices 123 Chestnut Street	Philadelphia, PA 19106	(215) 574-1770
Address of Principal Rusiness Oper	ations (Number and Street, City, State, Zip Code)	
(if different from Executive Offices Brief Description of Business		
if different from Executive Offices	i)	
(if different from Executive Offices Brief Description of Business Commercial cargo Vessel	i)	PROCESSED B
(if different from Executive Offices Brief Description of Business Commercial cargo vessel Type of Business Organization	design and operation.	PROCESSED B

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new (lling must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Parential persons who are to respond to the collection of information contained in this form are not required to respond calena the form displays a currently valid OMIR control number.

SEC 1972 (2-97) 1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - . Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Check Box(es) that Apply: Promoter O	Beneficial Owner	S Executive Officer	⊠ Director	C General and/or Managing Partn
Full Name (Last name first, if individual)				
Pederson, Einar				
Business or Residence Address (Number and S	treet, City, State,	Zip Code)		
123 Chestnut Street, Suite 204, Phila	delphia, PA 19	106	•	
Check Box(es) that Apply: 🗆 Promoter 🚨	Beneficial Owner	D Emerates Officer	2 Director	☐ General and/or Managing Partn
Pull Name (Last name first, if individual)				
Bullard II, Roland K.	•			
Business or Residence Address (Number and S	treet, City, State,	Zip Code)		
123 Chestnut Street, Suite 204, Phil	adelphia, PA 1	9106	٠,	
Check Box(es) that Apply: Promoter O	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first, if individual)				
Chambers, Kathryn Riepe				
Business or Residence Address (Number and Se	treet, City, State,	Zip Code)		
123 Chestnut Street, Suite 204, P	hiladelphia, PA	19106		
Check Box(es) that Apply: Promoter (2)	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first, if individual)				
Giles, David L.		<u> </u>		
Business or Residence Address (Number and Business or Residence Address (Number and Business Office 204, Philadelphia)		-		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	□ General and/or Managing Partne
Full Name (Last name first, if individual) Colgan, Dennis	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and St	reet, City, State,	Zip Code)	•	· ·
123 Chestnut Street, Suite 204, Philad	delphia, PA 19	106		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
full Name (Last name first, if individual)	. •	•		
Riverfront Development Corporation		•		
	reet, City, State, 2	Zip Code)		
701 North Broadway, Glouchester City, B	NJ 08030			
heck Box(es) that Apply: Promoter I	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Name (Last name first, if individual)				

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1. Has	the issuer :	soid, or do								· · · · · · · · · · · · · · · · · · ·	••••••		IJ
					a Append					•			
2. What	is the mit	alman inv	estwent th	zı wili be	accepted i	irom 20y i	odividual?	••••				\$ <u>10</u> .	000
												Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	single uni	it?			•••••			🖪	
sion (to be	or similar r ligged is as we name of	emuneration 1 associate 1 the broke	es for solic d person o r or desir	ration of ragent of L. If more	o project bricosters	(2) became or quarte is (2) became	esistered 4 to be like	ich the Si d are and	C and/or	directly, and offering. with a statement of suc	t or state	s.	
Full Name	(Last nan	se first, if	individual	,							-		
W / 6													
N/A	- Desident	- Address	Number	and Street	, City, Sta	ne. Zin Ci	ode)				*******		
	d Mesinetic	A WATER	(Lightner		,,		r						
													
Name of A	Associated	Broker or	Dealer										
States in V	Which Per	son Listed	Has Solic	ted or Int	ends to So	licit Purci	323673						
												O AB	State
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[RI]	(SC)	[SD]	[TN]	[TX]	(UT)	[VT]	[AV]	[AW]	[WV]	(MI)	[WY]	[PR]	1
N/A Business o	or Residenc	a Address	(Number	and Street	L. City, Sta	ne, Zip C	ode)			<u></u>			,
Name of	Associated	Broker or	Dealer	 -		_	<u> </u>						
Seres in 1	Which Per	son 1 isred	Has Solic	ited or In	ends to So	licit Purd	18SETS						
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[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	1
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[RL]	[SC]	[50]	[MT]	[TX]	נענו	[YT]	[AV]	[AW]	[WV]	[W]	[WY]	{PR	1
Full Name	e (Last nac	ne first, if	individua	I)	· · ·								
N/A													
	r Resident	ot Address	(Number	and Stree	L, City, Su	ue, Zip C	ode)						
					•								
Name of	Associated	Broker o	Dealer			,	-						
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(AL)	[N]	[AZ] [IA]	[AR] [KS]	[ÇA] [KY]	[CO]	(CT) (ME)	[DE] [MD]	[MA]	(MI)	[MN]	[MS]	[MO	-
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1911	1901	[50]	(TN)	(TY)	(117)	(VT)	(VA)	IWAI	ושעו	(W1)	(WY)	[PR	

1. Enter the aggregate offering price of securides included in this offering and the total amount aheady sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange effecting. theck this box () and indicate in the columns below the amounts of the securides offered for exchange and aiready exchanged. Amount Already Aggregate Sold Offering Price Type of Security 🖰 Common 💢 Preferred 🕟 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero." Aggregate Dellar Amount Number of Purchases Lovestors 150,000 Accredited Investors 0 0. Non-accredited Investors..... Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Type of offering 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs 1,500 Legal Fees Acrounting Fees Engineering Fors Sales Commissions (specify finders' fees separately).....

AND HER OF PROCEEDS

Total

Other Expenses (identify) :___

C <u>\$</u> 1,500

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,	C. CHARLES AND AND AND ADDRESS OF THE PARTY	S OF BANKS OF LABOUR YES	U	Ŧ 0	7 PROCES	35		
1	b. Enter the difference between the aggregate off tion I and total expenses furnished in response to "adjusted gross proceeds to the jetter."	Part C - Ouestion 4.a. This difference	ie d	he			. 148	500
1	indicate below the amount of the adjusted groun used for each of the purposes shows. If the amountinger and check the box to the left of the estima	ent for any purpose is not known, furn ce. The total of the payments listed must	ish :		•			
,	the adjusted gross proceeds to the insuer set forth	•		E	ayments to Officers, Xirectors, & Affiliates		C	ments To Others
	Salaries and fees	*****************	档	<u>s_</u>	15,000	0	<u> </u>	
	Purchase of real estate	************************		S			<u>۔</u>	<u> </u>
	Purchase, rental or lessing and installation of	machinery and equipment	a	s		Q	\$	 -
	Construction or leasing of plant buildings and	l facilities	0	s_			s	
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another	_			_	_	
	• •		_					
	Repayment of indebtedness		-			_		
	Working capital		_					
	Other (specify):			S			<u>. </u>	
				S		0	s	
	Column Totals	·		نــٰد	0.000	Ø	s <u>118</u>	500
	Total Payments Listed (column totals added)				Ø \$_1	48.5	00	
٠,		D. FEBERAL SIGNATURE		1.				
Щ	issuer has duly caused this notice to be signed by wing signature constitutes an undertaking by the is a of its staff, the information furnished by the is	ssuer to furnish to the U.S. Securities at	ad E	xcha	nee Commis	tion.	UDGE W	vritten re-
SUC	r (Print or Type)	Signature	_		Date			
as	tShip, Inc.	Kook Rea Chil	_		Ì	7	/20/99	
217	e of Signer (Print or Type)	Title of Signer (Print or Type)			L			
(at	hryn Riepe Chambers	Executive Vice President						
				_		_		

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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1.	. Is any purty de of such rule? .	acribed in 17 CFI	t 230.259(d), (d)), (e) or (1) press	ally subject to a	ny of the disqualif	ication provisions	Yes O	No

Berg March Control March Con-

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby andurtakes to furnish to any state administrator of any state in which this notice is filed, a notice on Porm D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the insur to officer.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be excited to the Uniform limited Offering Exemption (ULCE) of the same in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersisted duly authorized person.

Issuer (Frint or Type) FastShip, Inc.	Senature Karry Run Chil	Date 7/20/99
Name (Print or Type)	Title (Print or Type)	
Kathryn Riepe Chambers	Executive Vice President	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures,

1	<u> </u>	2	3	<u> </u>	5				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ne ULOE, attach stion of granted) -Item1)
			•	Number of Accredited		Number of New-Accredited	-		
State	Yes	No		Investors	Appent	Investors	Amount	Yes	No
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1			3		5 Disqualification				
	to 8011-2	in State	Type of security and aggregate offering price offered in state (Part C-lteral)		Type of investor and emoust purchased in State (Part C-Item 2)			under Str (if yes, explant waiver	te ULOE strach strion of granted) -Item1)
State	Ya	No_		Number of Accredited Investors	Ameent	Number of Nea-Accrelised Envestors	Amount	Yes	No
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